

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			NO		IND		DEP	
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TOTAL DEP.							TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		